

#3

Attorney's Docket No. \_\_\_\_\_

**PATENT**



**COMBINED DECLARATION AND POWER OF ATTORNEY**

ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR C-I-P)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: (check one applicable item below)

- ☒ original  
☐ design  
☐ supplemental

*NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.*

☐ national stage of PCT

*NOTE: if one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P.*

- ☐ divisional  
☐ continuation  
☐ continuation-in-part (C-I-P)

**INVENTORSHIP IDENTIFICATION**

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My residence, post office address and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

**A Method and a Device for Reminding of an Unanswered Call**

**SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c))

- (a) ☐ is attached hereto.  
(b) ☒ was filed on 20 Dec. 2000 as ☒ Serial No. 09/742,931  
or ☐ Express Mail No., as Serial No. not yet known  
and was amended on \_\_\_\_\_ (if applicable)

(Declaration and Power of Attorney [1-1]-page 1 of 5)

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- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

### PRIORITY CLAIM (35 U.S.C. § 119)

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- (d) ☐ no such applications have been filed.
- (e) ☒ such applications have been filed as follows.

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**A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119**

| COUNTRY (OR<br>INDICATE IF<br>PCT) | APPLICATION<br>NUMBER | DATE OF FILING<br>(day, month, year) | PRIORITY CLAIMED<br>UNDER 37 USC 119                                |
|------------------------------------|-----------------------|--------------------------------------|---------------------------------------------------------------------|
| <b>Finland</b>                     | <b>19992752</b>       | <b>21.12.1999</b>                    | <input checked="" type="checkbox"/> YES NO <input type="checkbox"/> |
|                                    |                       |                                      | <input type="checkbox"/> YES NO <input type="checkbox"/>            |
|                                    |                       |                                      | <input type="checkbox"/> YES NO <input type="checkbox"/>            |
|                                    |                       |                                      | <input type="checkbox"/> YES NO <input type="checkbox"/>            |
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**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

Clarence A. Green (24,622)  
Harry F. Smith (32,493)  
Mark F. Harrington (31,686)

*(check the following item, if applicable)*

- ☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

Declaration and Power of Attorney [1-1]-page 3 of 5)

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)  
Mark F. Harrington  
(203) 259-1800

Full name of third joint inventor, if any

Petri

(GIVEN NAME)

\_\_\_\_\_  
(MIDDLE INITIAL OR NAME)

RUUTIKAINEN

FAMILY (OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship Finland

Residence Tampere, Finland

Post Office Address Lapintie 3 B 32, FIN-33100 Tampere

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM  
A PART OF THIS DECLARATION

- ☒ Signature for fourth and subsequent joint inventors. *Number of pages added* 1  
...
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or  
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## SIGNATURE(S)

*NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.*

Full name of fourth inventor, if any

Kaisa

(GIVEN NAME)

\_\_\_\_\_  
(MIDDLE INITIAL OR NAME)

VÄÄNÄNEN-VAINIO-MATTILA

FAMILY (OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship Finland

Residence Tampere, Finland

Post Office Address Muotialantie 20, FIN-33800 Tampere

\_\_\_\_\_  
Full name of fifth joint inventor, if any

\_\_\_\_\_  
(GIVEN NAME)

\_\_\_\_\_  
(MIDDLE INITIAL OR NAME)

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| Finland                            | 19992752              | 21.12.1999                           | <input checked="" type="checkbox"/> YES      NO <input type="checkbox"/> |
|                                    |                       |                                      | <input type="checkbox"/> YES      NO <input type="checkbox"/>            |
|                                    |                       |                                      | <input type="checkbox"/> YES      NO <input type="checkbox"/>            |
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Declaration and Power of Attorney [1-1]-page 3 of 5)

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

Perman & Green  
425 Post Road  
Fairfield, CT 06430-6232

(Name and telephone number)  
Mark F. Harrington  
(203) 259-1800

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### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### SIGNATURE(S)

*NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.*

Full name of sole or first inventor

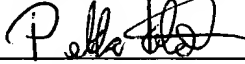
Pekka

(GIVEN NAME)

\_\_\_\_\_  
(MIDDLE INITIAL OR NAME)

KETOLÄ

FAMILY (OR LAST NAME)

Inventor's signature 

Date 30 March 2001

Country of Citizenship Finland

Residence Tampere, Finland

Post Office Address Arkkitehdinkatu 5 E 16, FIN-33720 Tampere

---

Full name of second joint inventor, if any

Tea

(GIVEN NAME)

\_\_\_\_\_  
(MIDDLE INITIAL OR NAME)

LIUKKONEN-OLMIALA

FAMILY (OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship Finland

Residence Jääli, Finland

Post Office Address Lunkintie 6 D, FIN-90940 Jääli

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Kaisa

(GIVEN NAME)

A

(MIDDLE INITIAL OR NAME)

VÄÄNÄNEN-VAINIO-MATTILA

FAMILY (OR LAST NAME)

Inventor's signature

Date April 5th, 2001 Country of Citizenship Finland

Residence Tampere, Finland

Post Office Address Muotialantie 20, FIN-33800 Tampere

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\_\_\_\_\_  
(GIVEN NAME)

\_\_\_\_\_  
(MIDDLE INITIAL OR NAME)

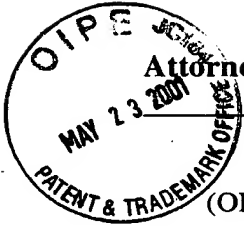
\_\_\_\_\_  
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Full name of sole or first inventor

|              |                          |                       |
|--------------|--------------------------|-----------------------|
| <u>Pekka</u> | _____                    | <u>KETOLÄ</u>         |
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Date \_\_\_\_\_ Country of Citizenship Finland  
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\_\_\_\_\_

Full name of second joint inventor, if any

|              |                          |                          |
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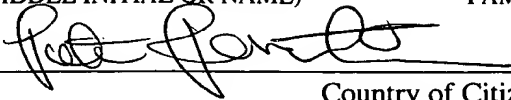
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Authorization of attorney(s) to accept and follow instructions from representative.

...

*(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item:)*



This declaration ends with this page.

(Declaration and Power of Attorney [1-1]-page 5 of 5)

## SIGNATURE(S)

*NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.*

Full name of fourth inventor, if any

Kaisa

(GIVEN NAME)

\_\_\_\_\_  
(MIDDLE INITIAL OR NAME)

VÄÄNÄNEN-VAINIO-MATTILA

FAMILY (OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship Finland

Residence Tampere, Finland

Post Office Address Muotialantie 20, FIN-33800 Tampere

\_\_\_\_\_  
Full name of fifth joint inventor, if any

\_\_\_\_\_  
(GIVEN NAME)

\_\_\_\_\_  
(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship

Residence

Post Office Address